There was a report of death of a subject who was involved in a Bioequivalence study in a centre in Hyderabad. As per the information received from the bioequivalence study centre, the subject was administered the first dose of a drug on 26 November 2008 and was discharged on 28 November 2008. He submitted another blood sample on 29 November 2008. As advised by the Centre the subject visited the center again on 5th December 2008 for second dosing planned on 6th December 2008 and complained of chest pain and breathlessness. After preliminary treatment by the in house Doctor of the centre, the subject was shifted to nearby Hospital. As per the information received from the hospital cause of death could not be arrived as the patient was brought dead.

Medical care to patients suffering from chronic diseases

54. SHRI VIJAY JAWAHARLAL DARDA:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the number of people suffering from chronic diseases are rapidly increasing in the country;

(b) if so, whether the existing health-care facilities are not found adequate to treat patients of such chronic diseases in the country;

(c) if so, the facts and details thereof; and

(d) whether Government proposes to improve its medicare facilities throughout the country and also to ensure that the patients suffering from chronic diseases are treated timely?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. Reports indicate that the number of people suffering from chronic diseases is increasing in the country.

(b) to (d) Healthcare services for different ailments are available to the people throughout the country though the Government health facilities at Primary Health Center, District Hospital, State Medical Colleges and National level Institutions. The facilities are reviewed from time to time under various programme of National Rural Health Mission and the National Programme on Diabetes, Cardiovascular diseases and Stroke (NPDCS). An outlay of Rs. 1660.50 crore has been provided for the NPDCS during the 11th Five Year Plan. NPCDS have been initiated in 10 districts in 10 States in pilot phase.

Expansion of health-care facilities in Delhi

†55. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has any proposal for expansion of health-care facilities in Delhi before the commencement of Common Wealth Games in the year 2010;

(b) if so, the number of dispensaries, hospitals and trauma care centres proposed to be set up and upgraded; and

†Original notice of the question was received in Hindi.

(c) whether there is any proposal for providing additional health-care facilities before the said period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Government of N.C.T. of Delhi is the nodal agency to provide medical care during the Common Wealth Games, 2010. Central Government , hospitals would also provide all necessary arrangements to assist in this endeavor. The medical care facilities would be provided at the Games Village, the competition/practicing/training venues and dedicated tertiary care hospital facility. There would be medical first aid posts in all competition and training venues. The ambulance service system has been strengthened to provide dedicated Advance Life Support ambulance at Games-Village and Competition Venues and basic life support ambulances for managing mass casualties. Government of India has approved the proposal for setting up of Sports Injury Centre at Safdarjung Hospital to provide specialized care to the participants of the Common Wealth Games 2010. The Centre will be dedicated to management of Sports Injury at par with international standards.

UN spending on population control

†56. SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the United Nations Population Fund has spent several million dollars to control population in the country over the years;

(b) if so, the details thereof;

(c) whether results of population control are satisfactory;

(d) if so, the details thereof; and

(e) if not, the steps taken/proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) UNFPA has been assisting the Government of India, since 1974 through its five year Country Programmes on reproductive health, gender and population development issues. So far, six Country Programmes have been implemented, with a total funding assistance of US $ 341 million. The seventh Country Programme covering the period from 2008-2012 at an estimated cost of US $ 65 million is under implementation.

UNFPA joined as one of the Development Partners in the year 2005 for the implementation of phase-II of Reproductive and Child Health Programme (RCH-II) under the National Rural Health Mission (NRHM). The NRHM goals mandate reduction of Maternal Mortality Ratio to 100 per 1,00,000 live births, Infant Mortality Rate to 30 per 1,000 live births and Total Fertility Rate to 2.1 by 2012. Against the above goals, IMR of 55 per 1,000 live births (SRS-2007), MMR of 301 per 1,00,000 live births (SRS 2001-2003) and TFR of 2.7 (SRS-2008) have been achieved.

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†Original notice of the question was received in Hindi.